



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

# NOTICE OF ALLOWANCE AND FEE(S) DUE

022879

7590

12/01/2005

HEWLETT PACKARD COMPANY P O BOX 272400, 3404 E. HARMONY ROAD INTELLECTUAL PROPERTY ADMINISTRATION FORT COLLINS, CO 80527-2400 EXAMINER DINH, MINH

ART UNIT

PAPER NUMBER

**DATE MAILED: 12/01/2005** 

| APPLICATION NO. FILING DATE |            | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.  | CONFIRMATION NO. |
|-----------------------------|------------|----------------------|----------------------|------------------|
| 09/483.063                  | 01/14/2000 | Ker Sze Toh          | 1662-15100(P99-2434) | 7851             |

TITLE OF INVENTION: SOFTWARE DELIVERY SYSTEM

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 03/01/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>THIS STATUTORY PERIOD CANNOT BE EXTENDED</u>. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| indicated unless corrected be<br>maintenance fee notification                                                                                                                           |                                                                                                                                                                                                  | in Block I, by (a) specify                                                                                                                                                   | ing a new c                                                                                             | orrespondence address                                                                                                                                                                                                                                                                         | s; and/or (b) indicating a sepa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rate "FEE ADDRESS" for                                                                                                                         |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                            |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
| 022879 75                                                                                                                                                                               | 90 12/01/2005                                                                                                                                                                                    |                                                                                                                                                                              |                                                                                                         | have its own certificat                                                                                                                                                                                                                                                                       | te of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | an or formal drawing, must                                                                                                                     |  |
| P O BOX 272400,                                                                                                                                                                         | KARD COMPANY<br>3404 E. HARMONY R<br>PROPERTY ADMINIS<br>CO 80527-2400                                                                                                                           |                                                                                                                                                                              |                                                                                                         | Ce<br>I hereby certify that the<br>States Postal Service<br>addressed to the Ma<br>transmitted to the USI                                                                                                                                                                                     | rtificate of Mailing or Trans<br>his Fee(s) Transmittal is being<br>with sufficient postage for fir<br>il Stop ISSUE FEE address<br>PTO (571) 273-2885, on the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.                                |  |
| , ,                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         | -                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                                             |  |
|                                                                                                                                                                                         |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Signature)                                                                                                                                    |  |
|                                                                                                                                                                                         |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Date)                                                                                                                                         |  |
| APPLICATION NO.                                                                                                                                                                         | FILING DATE                                                                                                                                                                                      | FIRST NA                                                                                                                                                                     | MED INVEN                                                                                               | TOR                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONFIRMATION NO.                                                                                                                               |  |
| 09/483,063                                                                                                                                                                              | 01/14/2000                                                                                                                                                                                       | K                                                                                                                                                                            | er Sze Toh                                                                                              |                                                                                                                                                                                                                                                                                               | 1662-15100(P99-2434)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7851                                                                                                                                           |  |
| FITLE OF INVENTION: SO                                                                                                                                                                  | DFTWARE DELIVERY SYS                                                                                                                                                                             | <b>БТЕМ</b>                                                                                                                                                                  |                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
| APPLN. TYPE                                                                                                                                                                             | SMALL ENTITY                                                                                                                                                                                     | ISSUE FEE                                                                                                                                                                    | PU                                                                                                      | JBLICATION FEE                                                                                                                                                                                                                                                                                | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE DUE                                                                                                                                       |  |
| nonprovisional                                                                                                                                                                          | NO                                                                                                                                                                                               | \$1400                                                                                                                                                                       |                                                                                                         | \$0                                                                                                                                                                                                                                                                                           | \$1400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 03/01/2006                                                                                                                                     |  |
| EXAM                                                                                                                                                                                    | INER                                                                                                                                                                                             | ART UNIT                                                                                                                                                                     | CI                                                                                                      | ASS-SUBCLASS                                                                                                                                                                                                                                                                                  | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                |  |
| DINH,                                                                                                                                                                                   | MINH                                                                                                                                                                                             | 2132                                                                                                                                                                         |                                                                                                         | 713-191000                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
| CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat                                                                                                         | e address or indication of "Fe<br>ence address (or Change of C<br>22) attached.<br>ion (or "Fee Address" Indica<br>or more recent) attached. Use                                                 | Correspondence (1) the or age (2) the registr of a Customer 2 registr 2 registration.                                                                                        | e names of tents OR, alter<br>e name of a<br>ered attorney<br>stered patent                             | the patent front page, lap to 3 registered pate<br>matively,<br>single firm (having as<br>or agent) and the nan<br>attorneys or agents. If                                                                                                                                                    | a member a 2<br>nes of up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                    | RESIDENCE DATA TO BI                                                                                                                                                                             | E PRINTED ON THE PAT                                                                                                                                                         | ENT (print                                                                                              | or type)                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                         | an assignee is identified be 37 CFR 3.11. Completion of                                                                                                                                          | low, no assignee data will<br>f this form is NOT a substi                                                                                                                    | appear on t                                                                                             | he patent. If an assign<br>g an assignment.                                                                                                                                                                                                                                                   | nee is identified below, the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ocument has been filed for                                                                                                                     |  |
| (A) NAME OF ASSIGNI                                                                                                                                                                     | 3 <b>E</b>                                                                                                                                                                                       | (B) RESID                                                                                                                                                                    | ENCE: (CIT                                                                                              | Y and STATE OR CO                                                                                                                                                                                                                                                                             | OUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                   | assignee category or categor                                                                                                                                                                     | <u> </u>                                                                                                                                                                     |                                                                                                         | ☐ Individual ☐ C                                                                                                                                                                                                                                                                              | Corporation or other private gro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | oup entity Government                                                                                                                          |  |
| fa. The following fee(s) are                                                                                                                                                            | enciosea:                                                                                                                                                                                        |                                                                                                                                                                              | nt of Fee(s):                                                                                           | nount of the fee(s) is a                                                                                                                                                                                                                                                                      | malanad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                |  |
| ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)                                                                                                                      |                                                                                                                                                                                                  |                                                                                                                                                                              | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
| Advance Order - # of Copies                                                                                                                                                             |                                                                                                                                                                                                  | The                                                                                                                                                                          | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
|                                                                                                                                                                                         |                                                                                                                                                                                                  | Deposit                                                                                                                                                                      | Account Nu                                                                                              | mber                                                                                                                                                                                                                                                                                          | (enclose an extra c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | opy of this form).                                                                                                                             |  |
|                                                                                                                                                                                         | (from status indicated above) MALL ENTITY status. See 3                                                                                                                                          |                                                                                                                                                                              | pplicant is no                                                                                          | longer claiming SMA                                                                                                                                                                                                                                                                           | ALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FR 1.27(g)(2).                                                                                                                                 |  |
|                                                                                                                                                                                         |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                                                                               | sly paid issue fee to the applications of the strength of the |                                                                                                                                                |  |
| Authorized Signature                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         | Date                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |  |
| Typed or printed name                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                                         | Registration                                                                                                                                                                                                                                                                                  | n No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                |  |
| This collection of information application. Confidentialist ubmitting the completed application form and/or suggestions 30x 1450, Alexandria, Virginia 22313-Jnder the Paperwork Reduct | n is required by 37 CFR 1.31<br>ty is governed by 35 U.S.C.<br>plication form to the USPTC<br>for reducing this burden, sh-<br>nia 22313-1450. DO NOT S<br>1450.<br>tion Act of 1995, no persons | 1. The information is requi<br>122 and 37 CFR 1.14. Thi<br>D. Time will vary depending<br>ould be sent to the Chief In<br>END FEES OR COMPLE<br>are required to respond to a | ired to obtain<br>s collection<br>ing upon the<br>information C<br>TED FORM                             | or retain a benefit by<br>s estimated to take 12<br>individual case. Any c<br>officer, U.S. Patent and<br>S TO THIS ADDRES<br>of information unless it                                                                                                                                        | the public which is to file (an<br>minutes to complete, includir<br>omments on the amount of tid<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner<br>displays a valid OMB control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | by the USPTO to process) gg gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number. |  |



### United States Patent and Trademark Office

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| APPLICATION NO.                                                     | FILING DATE          | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.  | CONFIRMATION NO. |
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| 09/483,063                                                          | 01/14/2000           | Ker Sze Toh          | 1662-15100(P99-2434) | 7851             |
| 022879                                                              | 7590 12/01/2005      |                      | EXAM                 | INER             |
|                                                                     | CKARD COMPANY        |                      | DINH,                | MINH             |
|                                                                     | 0, 3404 E. HARMONY F |                      | ART UNIT             | PAPER NUMBER     |
| INTELLECTUAL PROPERTY ADMINISTRATION<br>FORT COLLINS, CO 80527-2400 |                      | 2132                 | - THE EXTENSION      |                  |

DATE MAILED: 12/01/2005

## Determination of Patent Term Extension under 35 U.S.C. 154 (b)

(application filed after June 7, 1995 but prior to May 29, 2000)

The Patent Term Extension is 0 day(s). Any patent to issue from the above-identified application will include an indication of the 0 day extension on the front page.

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Extension is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.